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A qualitative study of how caseload midwifery is constituted and experienced by Danish midwives

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ABSTRACT

Objective: the aim of this study is to advance knowledge about the working and living conditions of midwives in caseload midwifery and how this model of care is embedded in a standard maternity unit. This led to two research questions: 1) What constitutes caseload midwifery from the perspectives of the midwives? 2) How do midwives experience working in caseload midwifery?
Design and setting: phenomenology of practice was the analytical approach to this qualitative study of caseload midwifery in Northern Denmark. The methodology was inspired by ethnography, and applied methods were field observations followed by interviews.
Participants: thirteen midwives working in caseloads were observed during one or two days in the antenatal clinic and were interviewed at a later occasion.
Findings: being recognised and the feeling of doing high quality care generate high job satisfaction. The obligation and pressure to perform well and the disadvantages to the midwives' personal lives are counterbalanced by the feeling of doing a meaningful and important job. Working in caseload midwifery creates a feeling of working in a self-governing model within the public hospital, without losing the technological benefits of a modern birth unit. Midwives in caseload midwifery worked on welcoming and including all pregnant women allocated to their care; even women/families where relationships with the midwives were challenging were recognised and respected.
Key conclusions: caseload midwifery is a work-form with an embedded and inevitable commitment and obligation that brings forward the midwife's desire to do her utmost and in return receive appreciation, social recognition and a meaningful job with great job satisfaction. There is a balance between the advantages of a meaningful job and the disadvantages for the personal life of the midwife, but benefits were found to outweigh disadvantages.
Implications for practice: In expanding caseload midwifery, it is necessary to understand that the midwives' personal lives need to be prepared for this work-form. The number of women per full time midwife has to be surveilled as job-satisfaction is dependent on the midwives' ability of fulfilling expectations of being present at women's births.

Introduction

This study focuses on midwives' working and living conditions in caseload midwifery and how this model of care is embedded in two Danish standard maternity units.

Models of maternity care that offer continuity of care or carer are becoming increasingly popular (Edmondson and Walker, 2014). Caseload midwifery is a model of care focusing on

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continuity, ensuring that childbearing women receive their antenatal, intranatal and postnatal care from one, or only a few, known caseloading midwives with whom they can develop a relationship (Homer et al., 2008). Many Western countries have implemented this model of care because research indicates that knowing one's midwife is essential to women (Beake et al., 2013; Dove and Muir-Cochrane, 2014; Edmondson and Walker, 2014) and because evidence shows that continuity of care seems to promote uncomplicated births (Tracy et al., 2011; McLachlan et al., 2012; Soltani and Sandall, 2012; Sandall et al., 2015; Wong et al., 2015). In Denmark, the professional assumption is that both women and midwives gain from this model (Jordemoderforeningen, 2006) but international studies indicate that midwives' perspectives on caseload midwifery are varied (Fleming, 2006; Chenery-Morris, 2010; Kjeldset, 2013; Newton et al., 2014).

A small qualitative study ($n=7$) from an Australian birth centre found that caseload midwives appreciated being able to work autonomously and enjoyed the flexibility in their work due to the supportive cooperation with their partner midwife. The authors stressed that this study could not be generalised to midwives with small children and they recommended further research in a broader context as the midwives' caseloads included only women with uncomplicated pregnancies (Edmondson and Walker, 2014). Several UK studies, undertaken across more than a decade (2002-2010) report a broad range of findings and hypotheses as to how caseload midwifery affects midwives. An early study concluded that caseload midwifery is very rewarding and satisfying but also challenging (Stevens and McCourt, 2002).

More recent studies have highlighted the importance of autonomous midwifery practice as an essential component of caseload practice (Dove and Muir-Cochrane, 2014; Edmondson and Walker, 2014; Menke et al., 2014; Newton et al., 2014). Midwives' experiences of flexibility and work–life balance were generally positive and continuity of care much appreciated. Negative aspects were mainly associated with high work pressure, staff shortages and at times a demanding work environment. One study suggested that autonomous midwifery practice may increase the risk of midwives developing secondary traumatic stress because of the intimate one-to-one care, but also that it may protect against stress because the midwife is in a position of greater control over the birth situation (Leinweber and Rowe, 2010). These studies illustrate that it is uncertain how caseload midwifery affects the midwives.

In general, qualitative studies investigating the perspective of the midwives are performed in midwifery led models of care including only uncomplicated pregnancies (Stevens and McCourt, 2002; Thorgen and Crang-Svalenius, 2009; Beckmann et al., 2012; Edmondson and Walker, 2014). In Denmark, women of all risks are included in caseload models and caseload midwifery care as well as standard maternity care is led by midwives.

In the Danish model of caseload midwifery, midwives typically work in pairs succeeding each other with one week on call and one week of leisure time. Each full time midwife attends 60 all-risk pregnant women a year; she conducts consultations in small antenatal clinics and attends the women during childbirth, mainly in hospitals. Continuity of care is the focus (Jordemodercenter, 2015). The midwife cares for women with uncomplicated as well as complicated births. In standard maternity care, midwives are rostered to work 37 hours a week per full time midwife. These midwives do not follow individual women through the duration of care.

A Danish evaluation report on the implementation of caseload midwifery revealed that some caseload midwives express worry about their ongoing responsibility, but at the same time stress that they enjoy their increased involvement with women (Løvschall et al., 2013). This finding might be a central dichotomy of caseload midwifery. How midwives cope with caseload midwifery needs to be further elaborated, especially as the number of caseload midwifery practices in Denmark is still increasing, and 16 out of 26 (61%) public maternity units have implemented some kind of caseload practice.

The aim of this study was therefore to advance knowledge about the working and living conditions of midwives in caseload midwifery and how this model of care is embedded in a standard maternity unit. This lead to two research questions: 1) What constitutes caseload midwifery from the perspectives of the midwives? 2) How do midwives experience working in caseload midwifery?

Methods

Identifying caseload midwifery from a midwife perspective demanded a qualitative approach focusing on the lived experiences of the midwives. Following Max Van Manen, a phenomenologist inspired by Martin Heidegger, the Utrecht School and the German phenomenological tradition (Dowling, 2011), the analytical approach is phenomenology of practice. Phenomenology of practice is inspired by Hans Georg Gadamer, the German founder of hermeneutics (Gadamer, 2013), and Van Manen also names phenomenology of practice: 'hermeneutic phenomenology' (Van Manen, 2014). In hermeneutic phenomenology, we have to be self-restrained in the way we approach a phenomenon to allow the phenomenon to come forward as it is and then analyze it in a sensitive and interpretive way (Van Manen 2014). Both Gadamer and Van Manen recognised that our prejudices or biases influence our interpretation and understanding and our ability to see the thing in itself (Gadamer, 2013; Van Manen, 2014).

In phenomenology of practice, the investigation of the lived experience is explained as, 'to question the way we experience the world' (Van Manen, 1990; Van Manen, 2014). In this study, the lived experiences of the caseload midwives were investigated to gain insightful descriptions of how caseload midwifery is experienced. To understand the concept of the lived experience in its full extent, Van Manen's theoretical framework of the 'life world existentials' was applied. He states that the notions of the existentials: lived space, lived body, lived time, lived human relation and lived materiality are existentials in the sense that they belong to everyone's life world 'they are universal themes of life' (Van Manen, 2014). The themes of the midwives' life worlds will likewise belong to space, time, body, relations or materiality although the boundaries between the existentials are floating.

How to gain access to the midwives' life worlds to be able to obtain experiential descriptions and reflections was given considerable thought. Data-sources in this study were participant observations and interviews as the methodology was inspired by practical ethnographic principals (Spradley, 1979; Spradley, 1980).

Study setting

To extend the variation and enhance the transferability, the participating midwives were recruited from two

different hospitals in the region. Caseloading midwives, employed at a tertiary unit with 3200 births a year, or a secondary unit with 1300 births a year, were included. In these hospitals, 23% of the clinical practicing midwives worked in caseloads (16.9 out of 72.3 full time equivalents) and 77% worked in standard care. The differences between standard care and caseload midwifery in this region are described in Table 1.